

Oklahoma Serves – AmeriCorps Program

Host Site Application Cover Sheet

PLEASE READ ALL INFORMATION CAREFULLY PRIOR TO COMPLETING AND SUBMITTING A GRANT APPLICATION.

I. Organization:

Organization Name: _____

Employer Identification Number: _____

Full Mailing Address: _____

Phone: _____

Organization or Agency Director: _____

E-mail address: _____

Site Supervisor (if different): _____

E-mail address: _____

Person Completing the Application (if different): _____

E-mail address: _____

II. Type of Applicant: (mark one)

Non-profit agency

State

Native American Tribe

Religious Organization

School

Other (please specify):

III. Number of Oklahoma Serves Members requested:

_____ # Full-Time Position(s)

_____ # Half-Time Positions

IV. AmeriCorps Background

Please select any other AmeriCorps programs that currently have Members serving at your agency or if you have applied for any AmeriCorps members to serve at your agency.

National Service Program	# of Members Currently Serving	# of Members Requested
AmeriCorps- State- OK Serves		
AmeriCorps- State- OK in Action		
AmeriCorps- State- Other		
AmeriCorps - VISTA		
AmeriCorps - National Direct or NCCC		
Foster Grandparents/Senior Corps/RSVP		

PLEASE SIGN:

I certify that the information contained in this Host Site Application is true and correct to the best of my knowledge. I understand that this application does not guarantee the placement of an Oklahoma Serves AmeriCorps Member in my agency.

Name of Organization: _____

Authorized Signature: _____ Date: _____